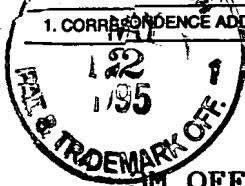


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MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.

1. CORRESPONDENCE ADDRESS		2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)	
 15M1/0221 3M OFFICE OF INTELLECTUAL PROP. COUNSEL P.O. BOX 33427 ST. PAUL, MN 55133-3427		INVENTOR'S NAME Street Address City, State and ZIP Code CO-INVENTOR'S NAME Street Address City, State and ZIP Code	
<input type="checkbox"/> Check if additional changes are on reverse side			

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/086,820	07/02/93	029	BENSTON JR, W	1502 02/21/95
First Name Applicant		PUREWAL, TARLOCHAN S.		

TITLE OF INVENTION MEDICINAL AEROSOL FORMULATIONS

	ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
1	43853USA1D	424-045.000	J05	UTILITY	NO	\$1210.00	05/22/95

3. Correspondence address change (Complete only if there is a change)	4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.
Douglas E. Reedich 3M Office of Intellectual Property Counsel P.O. Box 33427 St. Paul, MN 55133-3427	<p>1. <u>Gary L. Griswold</u></p> <p>2. <u>Walter N. Kirn</u></p> <p>3. <u>Douglas E. Reedich</u></p>

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040 AW 05/30/95 08086820 040 AW 05/30/95 08086820	1 142 1,210.00 CK
5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)	1 561 30.00 CK

(1) NAME OF ASSIGNEE: RIKER LABORATORIES, INC. (2) ADDRESS: (CITY & STATE OR COUNTRY) St. Paul, Minnesota	6a. The following fees are enclosed: <input checked="" type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Advance Order - # of Copies 10 6b. The following fees should be charged to: DEPOSIT ACCOUNT NUMBER 13-3723 (ENCLOSE PART C) <input type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - # of Copies _____ <input checked="" type="checkbox"/> Any Deficiencies in Enclosed Fees _____
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A. <input type="checkbox"/> This application is NOT assigned. <input checked="" type="checkbox"/> Assignment previously submitted to the Patent and Trademark Office. <input type="checkbox"/> Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS. PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.	The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above. (Authorized Signature) <i>Douglas E. Reedich</i> (Date) <i>15 May 1995</i> Douglas E. Reedich, Reg. No. 33,999 NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.
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